United States Environmental Protection Agency
Washington, D.C. 20460
DATA CALL-IN RESPONSE

OMB Approval 2070-0174
EPA FORM 6300-4

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form. Use additional sheet(s) if necessary.

1. Company Name and Address	2. Case # and Name	3. Date and Type of DCI and Number
CHEMTREAT, INC. 5640 COX ROAD GLEN ALLEN, VA 23060	0569 - Trichloro-s-triazinetrione Chemical # and Name: 081405 Trichloro-s-triazinetrione	17-Jun-2019 GENERIC ID # GDCI-081405-1804

4. EPA Product Registration	5. I wish to cancel this product registration voluntarily	6. Generic Data		7. Product Specific Data	
		6a. I am claiming a Generic Data Exemption because I obtain the active ingredient from the source EPA registration number listed below.	6b. I agree to satisfy Generic Data Requirements as indicated on the attached form entitled "Requirements Status and Registrant's Response."	7a. My product is an MUP and I agree to satisfy the MUP requirement on the attached form entitled "Requirements Status and Registrant's Response."	7b. My product is an EUP and I agree to satisfy the EUP requirement on the attached form entitled "Requirements Status and Registrant's Response."
15300-21	NO	[redacted]		N/A	N/A

Product ingredient source information may be entitled to confidential treatment

8. Certification: I certify that the statements made on this form and all attachments are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine, imprisonment or both under applicable law.

Signature and Title of Company's Authorized Representative Mary B Reck Mary B Reck Product Manager

9. Date 6/27/19

10. Name of Company ChemTreat, Inc

11. Phone Number 8049352156